| - | FILED |
|---|-----------------|
| | NOV 07 2023 |
| L | ARTHUR JOHNSTON |

AO 440 (Rev 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:23cv258 HSO-BWR

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| was rec | This summons for (name of individual and title, if any) Sprill Tuckor serived by me on (date) 1 1 2 3 | | | | | | | | | | |
|---------|---|----------|--|--|--|--|--|--|--|--|--|
| | 1 personally served the summons on the individual at (place) 1303 Michig on (date) | an Ave | | | | | | | | | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | | | | | | | |
| | , a person of suitable age and discretion who resides there, | | | | | | | | | | |
| | on (date) , and mailed a copy to the individual's last known address; or | | | | | | | | | | |
| | ☐ I served the summons on (name of individual) | , who is | | | | | | | | | |
| | designated by law to accept service of process on behalf of (name of organization) | | | | | | | | | | |
| | on (date) | ; or | | | | | | | | | |
| | ☐ I returned the summons unexecuted because | ; or | | | | | | | | | |
| | Other (specifi). | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | My fees are \$ for travel and \$ for services, for a total of \$ | 0.00 | | | | | | | | | |
| | | | | | | | | | | | |
| | I declare under penalty of perjury that this information is true. | | | | | | | | | | |
| Date: | Server's signature Francis Nido SOUSY Printed name and title | <u> </u> | | | | | | | | | |
| | 155 St. Joseph Server's address | | | | | | | | | | |

Additional information regarding attempted service, etc:

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | | | The state of the s | | | | - | | | |
|--|--------------------|---------------------------------|--|--|---|--|------------------|-----------|--|--|
| PLAINTIFF | | COURT CASE NUMBER | | | | | | | | |
| United States of America | 4.7 | 1:23cv258-HSO-BWR | | | | | | | | |
| DEFENDANT | | TYPE OF PROCESS | | | | | | | | |
| April Tucker Beard, et al. | | | | | | Personal | | | | |
| | INDIVIDUAL, O | OMPANY, CO | RPORATION, E | TC TO SERVE | OR DESCRIPTI | ON OF PROPERTY T | O SEIZE OR CO | ONDEMN | | |
| | cker Beard | 7 | | 110 | | | | | | |
| AT ADDRESS | (Street or RFD. | tpartment No. (bile, Alabam | Tity: State and ZI a 36617 | P Code) | | | | | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 | | | | | | | | | | |
| Deidre Lamppin Colson Assistant United States Attorney Served with this Point 207 Number of parties to be served in this case | | | | | | | | 3 | | |
| 1575 20th Avenue, Gulfpor 228-563-1560 Deidre. | | Check for service on U.S.A. | | | | | | | | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | | | | | | | | | | |
| | | | | | | | | | | |
| Please serve on April Tucker Beard on or before November 13, 2023. | | | | | | | | | | |
| Alternate address: 1303 Michigan Avenue, Mobile, Alabama 36605 | | | | | | | | | | |
| Digitally signed by DEIDRE COLSON | | | | | | TELEPHONE NUMBER | | | | |
| | | | | | | 228-563-1560 | | 11/6/2023 | | |
| SPACE BE | LOW FOR | USE OF U.S. | MARSHAL | ONLY - DO | NOT WRIT | E BELOW THIS | SLINE | | | |
| I acknowledge receipt for the total | Total Process | District of | District to | Signature of Au | thorized USMS | Deputy or Clerk | Dat | e | | |
| number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted) 3 No. A43 No. 003 | | | | | | | 2 11 | /7/2023 | | |
| I hereby certify and return that I individual, company, corporation, etc | have personally so | erved . have | legal evidence o he on the individ | f service. have | ve executed as sh rporation, e.e. sh | nown in "Remarks", the | Aprocess describ | ed on the | | |
| I hereby certify and return that I a | | | | AND DESCRIPTION OF THE PERSON NAMED IN | | THE RESERVE AND THE PARTY OF TH | | | | |
| Name and title of individual served (i | | | | | | Date 7 1 | Time | am | | |
| April Tucker Beard 11170811:53 | | | | | | | | | | |
| Address (complete only different than | | | | | | Signature of U.S. Ma | arshal or Deputy | | | |
| Mobile, AL 310005 | | | | | | | | | | |
| mobile, AL | - 3ld | 05 | | | (| THO | . 0 0 | e | | |
| Costs shown on attached USMS Cost Sheet >> | | | | | | | | | | |

REMARKS

MINU 7 AV10:18